How can I prevent healthcare fraud?

This worksheet may ask for sensitive information that should be kept private. Please store it in a safe place and be sure at least one reliable individual knows where it is and is able to access it if there is an emergency.

To report suspected healthcare fraud, you will need to provide basic information about your healthcare coverage and the suspected fraud.

About your healthcare coverage:

How do you pay for healthcare services?

☐ Private pay ☐ Private insurance - company: _____

☐ Original Medicare ☐ Medicare Advantage - company: _____

Your Medicare or member ID number: _____

Does your plan include prescription drug coverage? _____

About the suspected fraud:

Individual or company suspected: _____

Mailing address: _____ Web site: _____

Phone #: _____ E-mail: _____

What type of entity is this? ☐ Provider ☐ Insurance company ☐ Individual

☐ Other: _____

Did you have an existing relationship with this party prior to this incident? _____

What, if any, other health insurance plan(s) were involved with or billed for this transaction?

What type of fraud do you suspect?

☐ Billing for services or products not received ☐ Over-billing

☐ Un-bundling of services ☐ Discounts represented as insurance

☐ Plan or membership with little or no coverage ☐ Other: _____

Claim number (if applicable): _____ Billing date (if applicable): _____

What, if any, payments have you made? _____ How much? _____

Did you pay by credit card, check or cash? _____

Describe why you suspect fraud:

Did you contact the party for resolution? _____ When? _____

What was the result?

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Identify ~ Even in the healthcare industry, mistakes happen. When mistakes are deliberate or they are not resolved to the consumer's or the payer's satisfaction, it could indicate healthcare fraud. In Medicare alone, healthcare fraud costs consumers an estimated $60 billion each year, but it also affects private insurers and consumers who pay their own medical expenses.

Healthcare fraud comes in many forms, including:

- Billing for services that were not provided or equipment that was not received;
- Over-billing or billing multiple payers for the same expense;
- "Unbundling" related services so they can be billed separately at higher rates;
- Misrepresenting medical or drug discount cards as insurance plans; and
- Selling plans or association memberships that offer little or no coverage.

Protect ~ To help prevent fraud:

- Treat your insurance information and Medicare, Medicaid and Social Security numbers like you would a credit card or bank account number - never give them to a stranger.
- Carry your insurance card with you only when you need it, such as to doctors' offices, the hospital or the pharmacy.
- Record all your doctor visits, tests and procedures in a journal or on a calendar.

> Your healthcare information, such as your insurance card and Medicare number, can be as valuable to a thief as your credit card number.

- Carefully review every insurance statement, Medicare Summary Notice and Part D Explanation of Benefits and look for things that may indicate mistakes or fraud.

Take Action ~ If you suspect fraud, address any issues with your provider and insurance company first.

If you are uncomfortable calling your provider or they are unable to address your concerns, and you are on Medicare, contact the **Ohio Senior Medicare Patrol** (SMP), provided by ProSeniors, Inc.:

1-800-488-6070

You also can volunteer to be a part of the SMP and help others fight Medicare fraud.

If you suspect fraud and are not on Medicare, call the **Ohio Department of Insurance Fraud Hotline**:

1-800-686-1527

The **Office of the State Long-term Care Ombudsman** can help consumers address concerns about long-term care providers:

1-800-282-1206

Get answers to basic Medicare questions and help selecting coverage that best fits your needs by contacting the **Ohio Senior Health Insurance Information Program** (OSHIIP):

1-800-686-1578